

# Self-Sufficiency Agreement

(Example)

Name: \_\_\_\_\_

Date: \_\_\_\_\_

My Long Term Goal: \_\_\_\_\_

My Short Term Goal(s): \_\_\_\_\_

1. \_\_\_\_\_  
My Action Steps Due Date

\_\_\_\_\_   
DCF Action Steps Due Date

2. \_\_\_\_\_  
My Action Steps Due Date

\_\_\_\_\_   
DCF Action Steps Due Date

Comments:

Agreement:

- I have been part of the decision making and understand that the above agreement requires my participation and cooperation.
- I have received a copy of this agreement and understand my rights and responsibilities as well as those of DCF.
- I will notify my worker if any changes occur in my present situation that may require an adjustment to this plan and/or a change in employment status.
- I understand that if I choose not to follow through with this plan that I have made the choice to close my benefits.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

EES Case Manager